

X

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027653

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 78 Primary Registration District No. 3014 Registrar's No. 78

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

FILED JUL 22 1963

1. PLACE OF DEATH

a. COUNTY

Platte

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN

Liberty

Length of stay in lb

15 yrs

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

316 Playmew

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

mo.

b. COUNTY

Clay

c. CITY OR TOWN

Liberty

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

316 Playmew

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

JIM

Middle

DICK

Last

OLDHAM

4. DATE OF DEATH

Month

July

Day

18 - 1963

Year

5. SEX

m

6. COLOR OR RACE

w

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-28-1892

9. AGE (last birthday)

70

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (City and state or country)

Marceline mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Humphrey Oldham

13b. MOTHER'S MAIDEN NAME

Mattie Mc Culley

14. NAME OF HUSBAND OR WIFE

Anna Oldham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv

no

16. SOCIAL SECURITY NO.

—

17. INFORMANT

Wilmoth H. Oldham Liberty mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Malnutrition

INTERVAL BETWEEN ONSET AND DEATH

1 mo

DUE TO (b)

Intestinal metastases

1 Mo

DUE TO (c)

Prostatic carcinoma

3 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1955 to July-18-63 and last saw her alive on July-18-1963

Death occurred at 6:25 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Clay M. Smith Sr.

22b. ADDRESS

Liberty mo.

22c. DATE SIGNED

7-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-20-63

23c. NAME OF CEMETERY OR CREMATORY

mt. Olivet

23d. LOCATION (City, town, or county)

Marceline mo.

24. FUNERAL DIRECTOR

Church-Craver Co.

ADDRESS

Liberty mo.

25. DATE RECD. BY LOCAL REG.

7-20-63

26. REGISTRAR'S SIGNATURE

Nabel Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 6003
2 6003
3
4 0
5 2
6
7 0
8 0
9 177X
10
11
12 90-2
13 3-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4448

P. O. Address Suburban

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.